

# The Navigator

## Waukesha County Veterans' Services

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### FEDERAL, STATE & LOCAL BENEFITS UPDATE

#### NEWS UPDATE FOR FEDERAL BENEFITS



#### Agent Orange Outside of Vietnam

The following information was found on the internet <http://www.va.gov/ro/south/spete/news>

VA has received a listing from the Defense Department of locations outside of Viet Nam where Agent Orange was used or tested over a number of years. The information gives periods of time, locations and chemicals used. It does not contain units involved or individual identifying information.

The listings are almost exclusively Army records although there are an extremely limited number of Navy and Air Force records. These listings relate only to chemical efficacy testing and/or operational testing. The records do not refer to the use of Agent Orange or other chemicals in routine base maintenance activities such as spraying along railroad tracks, weed control on rifle ranges, etc. Information on such use does not exist. VA will develop for proof of exposure for claims for disabilities resulting from Agent Orange exposure outside of Viet Nam.

VA does have significant information regarding Agent Orange use in Korea along the DMZ. DoD has confirmed that Agent Orange was used from April 1968 up through July 1969 along the DMZ. DoD defoliated the fields of fire between the front line defensive positions and the south barrier fence. The size of the treated area was a strip of lane 151 miles long and up to 350 yards wide from the fence to north of the "civilian control line." There is no indication that herbicide was sprayed in the DMZ itself.

Herbicides were applied through hand spraying and by hand distribution of pelletized herbicides. Although restrictions were put in place to limit potential for spray drift, run-off, and damage to food crops, records indicate that effects of spraying were sometimes observed as far as 200 meters down wind.

Units in the area during the period of use of herbicide were as follows: The four combat brigades of the 2nd Infantry Division. This includes the following units: a) 1-38 Infantry b) 2-38 Infantry c) 1-23 Infantry d) 2-23 Infantry e) 3-23 Infantry f) 3-32 Infantry g) 109th Infantry h) 209th Infantry i) 1-72 Armor j) 2-72 Armor k) 4-7th Cavalry. 3rd Brigade of the 7th Infantry Division. This includes the following units: a) 1-17th Infantry b) 2-17th Infantry c) 1-73 Armor d) 2-10th Cavalry. Field Artillery, Signal and Engineer troops were supplied as support personnel as required. The estimated number of exposed personnel is 12,056.

Unlike Viet Nam, exposure to Agent Orange is not presumed for veterans who served in Korea. Claims for compensation for disabilities resulting from Agent Orange exposure from veterans who served in Korea during this period will be developed for evidence of exposure. If the veteran was exposed the presumptive conditions found for Agent Orange exposure apply.

## COMMENTARY CORNER By: John L. Margowski, Director

As this edition of the "Navigator" is published, the United State Armed Forces are heavily involved in Iraq and other areas of Southwest Asia. Our young men and women are proudly serving in the name of freedom and democracy.

Congress has passed and the Veterans Administration (VA) will implement new legislation that states that combat veterans will be eligible for two years of free medical care from the Department of Veterans Affairs for most conditions. These veterans will not have to prove either service connection for their health care problems or that they have low incomes.

Secretary of Veterans Affairs Anthony J. Principi said that the wounds of military conflicts are not always obvious. We must be ready to assist combat veterans who have medical problems that are unexplained or difficult to diagnose. This

benefit will not cover treatment for medical problems clearly unrelated to military service.

The VA has also announced that when the troops committed to the Middle East return home they will benefit from a wide array of programs and services not available to veterans of previous conflicts, according to Secretary Principi.

Basically this means that our government agency is ready to treat and assist new veterans based on the lessons learned from the treatment, or lack of treatment and assistance, that past veterans received.

I saw a television show on Post Traumatic Stress Disorder (PTSD) and treatment of this disability. The gist of the discussion was that the Department of Defense and the Department of Veterans Affairs are relying heavily on Vietnam veteran POW's experiences, as well as the experiences of POW's from other wars, to establish an early treatment plan for the new POW's returning from the war in Iraq.

As the military members return from Iraq and go back to being National Guard or Reservists, we have another influx of veterans into the Veterans Administration medical and benefits programs. Con-

gress will now have to find the necessary dollars to bring the Veterans Administration budget in line to

meet the new demands that will be put upon it. As we all know, the system is already lacking in funding to meet the needs of its current veteran case load.

Veterans should continue to call their Congressional Representatives to make them aware of this budgetary increase that is needed. Congress needs to provide adequate funding to enable the Department of Veterans Affairs to meet this nation's obligation to those veterans who are eligible for services.

This will be our last newsletter before Waukesha County's 50th Anniversary Commemorative Event recognizing and thanking Korean War Veterans' for their service to our country. Please encourage your membership to attend. Ask your members to encourage their friends and neighbors to attend this important event. I know that we are competing with other major veterans activities that are occurring on the same weekend. Hope to see you there.



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***If you have any questions or comments about the contents of the newsletter, please contact Waukesha County Veterans' Service Office at 262-548-7732.***

## Distinguished Group Selected for CARES Commission

**March 3, 2003** The following information was found on the internet <http://www.va.gov/opa/pressrel/>

WASHINGTON -- Secretary Anthony J. Principi today announced the appointment of a chairman and 14 members to the independent CARES (Capital Asset Realignment for Enhanced Services) Commission. The commission will play a critical objective role in assessing proposed CARES initiatives that address the future health care needs of veterans, and how and where the Department of Veterans Affairs (VA) can best provide those services.

"The independent commission will review VA's capital asset needs and ensure that the concerns of veterans and other stakeholders are fully addressed," said Secretary Principi. "The commission will receive recommendations prepared by VA's under secretary for health, and will consider comments from veterans service organizations, individual veterans, Congress, health care service providers and related affiliates, VA employees, local government entities, community groups and others."

The commission held its first public meeting Feb. 19-20 and will continue to hold public hearings both in Washington and across the country. The commission is expected to present its findings and recommendations to the Secretary in the fall of 2003.

The Honorable Everett Alvarez, Jr., selected to chair the commission, is best known as the first American aviator shot down over North Vietnam. He was taken prisoner of war in 1964 and held

in North Vietnam for more than eight years. He was the deputy director of the Peace Corps from 1981 to 1982, the deputy administrator of the Veterans Administration from 1982 to 1986 and has held numerous posts in the civilian sector.

Alvarez and the CARES Commission will operate as a federal advisory committee, composed of people with expertise in various aspects of health care and particular interest in the efficient delivery of benefits and services to the nation's veterans. All of the administrative actions to officially establish the commission, as required by the Federal Advisory Committee Act, have been taken.

The members of the commission are Charles Battaglia, former staff director of the Senate Committee on Veterans Affairs; Dr. Joseph Binard, former VA physician and specialist in spinal cord injury treatment; Raymond Boland, Wisconsin secretary of Veterans Affairs and president of the National Association of State Directors of Veterans Affairs; Chad Colley, former national commander of the Disabled American Veterans and a triple amputee from the Vietnam War; Vernice Ferguson, former executive in the VA nursing program; and Dr. John Kendall, dean emeritus and professor of medicine emeritus at Oregon Health and Sciences University.

Also serving are Dr. Richard McCormick, former director of mental health care, VA Health

Care System of Ohio; Richard Pell, Jr., former VA chief of staff; Robert A. "Bob" Ray, former American Legion Commander in Ohio; Sister Patricia Vandenberg, former president and chief executive officer, Holly Cross Health System, South Bend, Ind.; Raymond John Vogel, former VA under secretary for benefits; Jo Ann K. Webb, director of federal relations for the American Organization of Nurse Executives; Maj. Gen. Michael Wyrick, former deputy surgeon general, U.S. Air Force; and Al Zamberlan, former VA health care regional director. Mr. Vogel will also serve as the vice chairman of the commission.

Principi also announced the appointment of the executive director of the commission, Richard E. Larson. A 29-year federal executive, Larson most recently served as a staff assistant to the secretary.

"Each of these people brings special qualifications to the commission, as well as sensitivity to the commission's unique mission," said Principi. "I am confident that the independent commission's external assessment of VA's capital asset needs will ensure that veterans' and other stakeholders' concerns are fully addressed."

Brief biographies of each commission member can be found on the internet at: [www.va.gov](http://www.va.gov). Choose "Public Affairs", "In The News" "March 2003 News Releases".

## Telehealth, Telemedicine and VA Medicine

The following information is from the Office of Public Affairs Media Relations

WASHINGTON (March 12, 2003) -- Operating the nation's largest healthcare system, the Department of Veterans Affairs (VA) uses a wide variety of communication and information technologies to ensure excellence in the health care it delivers to the nation's veterans.

The term "telehealth" applies to technology used to provide clinical care, patient education, professional education and hospital administration when those providing services and those receiving them are separated by distance. "Telemedicine" generally refers to physicians providing services at a distance. VA considers telemedicine part of the wider spectrum of "telehealth" services given by many types of caregivers.

Telehealth helps VA meet a growing need to give care in non-institutional settings to elderly veterans who have chronic conditions and transportation problems getting to treatment. Telehealth technologies make it possible not only to move care to primary and ambulatory treatment sites but to extend it into the home, helping patients maintain independent lives and avoid unnecessary hospitalization and long-term care. Telehealth will also help VA make the best use of its physical facilities as it allocates resources to care for more veterans.

Advantages of Telehealth to Veteran Patients Information technology in health care can ensure that all data related to a patient's conditions are current and available to medical providers exactly when needed. Timely access to health information improves care and reduces the risk of medical errors. The Institute of Medicine has recognized VA's leadership role in this area.

Telehealth electronic information and communications sometimes involve high-resolution images and sound through live video. An example of this is providing veterans in remote, rural areas prompt access to expert advice from a cardiologist. Sometimes it involves simply transmitting text records and digital images, as can happen in remotely assessing patients with diabetes for possible diabetes-related eye disease. Because telehealth moves information, rather than people, it can be more efficient and less expensive than traditional care and provide expert advice when a patient needs it. Improving access to care, and permitting

more frequent monitoring of patients and their health status, are the features of telehealth that produce high-quality care and satisfaction among patients.

As impressive as the technology is, the key to telehealth success is the way it helps in coordinating patient care. Successful home telehealth that matches a patient's needs to technology that the caregiver or patient can manage also reduces clinic visits. As a veteran ages, the need for services is frequently determined by expert advice on appropriate treatment of chronic conditions. Making this advice available in the home is convenient and can expedite or defer hospital admission. The philosophy of care coordinators using telehealth is "the right care for the veteran patient in the right place and at the right time."

Telehealth makes it possible to exchange routine clinical data and visual assessments among medical facilities locally, regionally and nationally. There are parts of the country where distance and weather are a barrier to care. Telehealth brings care to the patient and avoids the cost and inconvenience of travel. Telepharmacy, a component of telehealth, makes medications authorized at hospitals rapidly available to veterans in VA community clinics. Telehealth permits a northern "snowbird" veteran receiving care at home through telehealth to continue a care regimen in Florida in the winter.

Examples of Telehealth in Use In VA's Sunshine Healthcare Network, including most of Florida, south Georgia and Puerto Rico medical facilities, about 1,500 patients receive telehealth care in their homes. Many of them use handheld messaging devices to report their vital signs and other medical information to hospital staff monitoring the reports daily. Staff sends patients reminders, tips and feedback on their progress. VA patients in Colorado, Utah, Wyoming, central Texas, New York State, Georgia and Indianapolis use this device and others. Many of the patients have congestive heart failure, high blood pressure, pulmonary disease, diabetes or depression.

Many VA medical centers use an interactive voice-response system to take questions from patients and leave phone messages for them automatically about

*(Continued on page 5 - Telehealth)*



*(Telehealth—Continued from page 4)*

appointment scheduling and prescriptions. The system permits clinicians to pose questions to patients and have their responses recorded, becoming progress notes. Results of the calls are forwarded to a telemedicine computer so local clinicians can follow up.

Clinicians providing telehealth care in the Sunshine network and other locations studied their patients' outcomes. They found improvements in blood glucose levels, blood pressure and mental health, along with fewer emergency room visits, days of hospitalization, clinic visits and less extended care.

The National Cancer Institute has funded a study by the VA Sunshine network and the University of Florida to evaluate whether telehealth can deliver more effective care to cancer patients in their homes. Already, VA's Puget Sound Healthcare Center (Seattle/Tacoma, Wash.) telehealth program allows cancer patients to be treated through teleconferences at other VA centers in the Northwest closer to home. Patients' cases are presented to multi-disciplinary teams of physicians at Seattle in a single session.

Home telehealth technologies used in VA locations range from the most expensive - a telemonitor to examine a wound, for example - to the least costly - a telephone. In between are personal computers and videophones. Some patients receive a Polaroid camera, take photos of their wound and mail them to the hospital every week.

In 2000, VA completed 18 telemedicine demonstration projects to improve access and quality of three kinds of care: geriatrics and extended care, mental health and organ transplant follow-up services. Among the successful results:

- ◆ The Iron Mountain, Mich., VA Medical Center collaborated with Milwaukee VA hospital psychiatrists to provide mental health services at a Marquette, Mich., community clinic through videoconferences.
- ◆ In that project and in the Richmond, Va., telehealth transplant program, no-show rates among patients declined because patients didn't have to travel the greater distance to the medical center.

Also in 2000, VA facilities conducted 13 demonstration projects in the homes of veterans who had suf-

fered spinal cord injuries. Most of the telehealth care came through weekly, real-time monitoring of skin ulcers or surgical wounds using mounted or handheld cameras connected to videophones answered at hospital nurse stations. VA also provided the computer videophones in patients' homes. VA coordinators provided in-home training in wound care and rehabilitation to patients, caregivers and local homecare agency staff. They visited in person and made referrals to VA's spinal cord injury centers to prevent complications. Supplementing traditional care, the telehome care visits reduced the need for readmissions to the centers for chronic conditions, yet increased patients' access to specialist care.

Recently, the Grace Hopper Government Technology Leadership Award went to a federal health care access partnership in Alaska in which VA participates. Several agencies created a telehealth network to serve the most isolated Alaskans. The network enables health aides in rural areas to send images and information over the Internet to physicians who provide diagnoses and treatment options. About 400 cases are handled each month.

**New Initiatives -** The Future VA is establishing two centers to give veteran patients nationwide access to advice from experts in the care of multiple sclerosis. With telemedicine, a veteran who is seen at a VA clinic or medical center anywhere in the country can have a consultation with a specialist in MS. A network of MS experts is being coordinated by the Baltimore VA Medical Center, the Portland (Ore.) VAMC and the Seattle VAMC. (The last two collaborate as one MS center.) Similarly, seven VA Parkinson's disease centers specialize in treatment, education and research related to that neurological condition. They are developing a telehealth network to extend care to veterans nationwide.

VA is working with experts in diabetes care to create a telehealth network to detect retinopathy, a disease of the retina of the eye prevalent in diabetic patients. Preventing diabetes-related blindness ranks as a major VA priority.

Four other VA regional networks plan to duplicate the success of the Sunshine Network's telehealth programs with home-based primary and mental health care.

*(Continued on page 6 - Telemedicine)*

## New CHAMPVA Policy to Benefit Surviving Spouses

The following information is from the Office of Public Affairs Media Relations

WASHINGTON (March 12, 2003) - A new law will reinstate health care benefits for some surviving spouses covered by the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) if they apply by Feb. 4, 2004.

"I am pleased that we can now provide health care benefits to some veterans' widows or widowers who remarry and, in doing so, bring them peace of mind. These older CHAMPVA beneficiaries lost their coverage in the past," said Secretary of Veterans Affairs Anthony J. Principi.

The surviving husband or wife who lost access to CHAMPVA benefits by remarrying before Feb. 4, 2003, can be reinstated into the program if they remarried after becoming age 55 and if they apply for reinstatement by Feb. 4, 2004.

Similarly, a surviving spouse who remarried after becoming age 55 and lost access to TRICARE benefits may now be eligible for CHAMPVA coverage.

To be eligible for CHAMPVA, people must be family members of veterans who have a permanent and total service-connected disability, who died of a service-connected condition or who were totally disabled from a service-connected condition at the time of death.

In general, CHAMPVA covers most health care services and supplies that are medically and psychologically necessary.

People who want an application for this benefit or more information can contact VA's Health Administration Center at 800-733-8387.

Surviving spouses who remarry

at a younger age and lose their CHAMPVA benefits can have these benefits restored if their later marriage is annulled or ends due to death or divorce. Similarly, widows or widowers of any age who lost benefits under VA's Dependency and Indemnity Compensation (DIC) program due to remarriage are eligible for reinstatement of monthly DIC payments if their subsequent marriage ends.

This restoration policy has been in effect since 1998, but VA officials are concerned widows or widowers may overlook this benefit if a subsequent marriage ends years later.

VA's average payment to surviving spouses is about \$12,000, including adjustments for minor children, survivors who are housebound or who need a home aide, and other factors.

### *(Telemedicine—Continued from page 5)*

VA will soon distribute "toolkits" to its medical facilities for home telehealth and mental health to connect those who are considering introducing telehealth with a network of practitioners. The kits contain resource materials, including templates and guides to best practices being used.

VA will continue to work with the Joint Commission on Accreditation of Healthcare Organizations to ensure the quality of its telehealth services. A joint activity underway will develop ways to credential professionals who provide telehealth care. Since telehealth provides clinical services at multiple sites where medical staff may not know the qualifications and professional privileges of others, credentialing can be important both to caregivers and patients.

The role of telehealth in meeting medical needs during natural or manmade disasters figures into

VA's planning for future uses.

Other challenges in the future include developing large information networks that will support compatible hardware and software systems, deciding whether to standardize treatment approaches and equipment and developing standard procedure coding for workload credit. VA is working to give patients access to an electronic patient-held record. That achievement will be an important part of the partnership between VA, its care providers and its patients.

VA's telehealth expertise makes it an industry leader. VA officials foresee a time when the home can become the preferred place of treatment, where a multimedia patient record, technology and a system for making medical decisions will help coordinate better access and the best possible care of veterans who increasingly accept telecommunications in their lives.

## Eligibility for VET Center Services

The following information was received from the Milwaukee VET Center

VET Centers serve veterans from any of the following periods:

### **WAR ZONE VETERANS—all eras, including:**

World War II	Dec 07, 1941—Dec 31, 1946
Korean War	Jun 27, 1950—Jan 31, 1955
Vietnam War	Feb 28, 1961—May 07, 1975
Lebanon	Aug 25, 1982—Feb 26, 1984
Grenada	Oct 23, 1983—Nov 21, 1983
Panama	Dec 20, 1989—Jan 31, 1990
Persian Gulf	Aug 02, 1990— —
Somalia	Sep 17, 1992— —
Operation Joint Endeavor Joint Guard, Joint Forge	Veterans who participated in one or more of these three successive operations in the former Yugoslavia (Bosnia-Herzegovina and Croatia, aboard U.S. Naval vessels operating in the Adriatic Sea, or air space above those areas).
American Merchant Marines	In ocean going service during the period of armed conflict Dec 07, 1941—Aug 15, 1945

### **Other Eligible Veterans**

Sexual Trauma / Harassment Counseling	Veterans of both sexes, all eras
Vietnam Era Veterans (NOT in the War Zone)	Aug 05, 1964—May 07, 1975 (Eligible until Jan 1, 2004)

### **“KEEPING THE PROMISE”**

Milwaukee Vet Center  
5401 N. 76th Street  
Milwaukee, WI 53218  
414-536-1301 or 414-536-1568

## Two Medals Established for War on Terrorism

The following information was taken from the Milwaukee Journal Sentinel

Washington—President Bush has established two new medals for American troops helping to fight the U.S. led war on terrorism.

With an executive order, Bush created the Global War on Terrorism Expeditionary Medal and the Global War on Terrorism Service Medal.

Military personnel serving in operations to combat terrorism since Sept. 11, 2001, are eligible.

The medals will be awarded based on regulations to be laid out by the secretaries of defense and homeland security, which oversees the Coast Guard, the executive order said.



**Global War  
on Terrorism  
Service Medal**



**Global War  
on Terrorism  
Expeditionary  
Medal**

Recipients of either of the new medals cannot also receive the existing Armed Forces Expeditionary Medal or Armed Forces Service Medal for actions in the war on terror.

They also cannot receive either of the new medals more than once.

Bush directed that the new awards could be made posthumously.

## *IT IS THE SOLDIER—Author Unknown*

It is the soldier, not the reporter, who has given us the Freedom of the press.

It is the soldier, not the poet, who has given us Freedom of Speech.

It is the soldier, not the campus organizer, who has given us the freedom to demonstrate.

It is the soldier, who serves beneath the flag, who salutes the flag,

whose coffin is draped with the flag...who allow the protester to burn the flag.

It is the soldier, not the politician, who has given his blood, his body...his life.

It is the soldier, who has given us these freedoms.

## VA Prepares for Post-Deployment Era

The following information was found on the internet <http://www.va.gov/opa/pressrel/>

WASHINGTON—When troops now committed to the Middle East return home, they will benefit from a wide array of programs and services not available to veterans during previous conflicts, according to Secretary of Veterans Affairs Anthony J. Principi.

"Bullets and shrapnel are not the only hazards of the modern battlefield," Principi said. "We have learned from the bitter lessons of the wars of the 20<sup>th</sup> century. For any armed conflict in the Middle East, we will be on the alert for environmental exposures and other unforeseen risks to the health of our service personnel."

Principi noted that since 1998 the Department of Veterans Affairs (VA) has had the authority to provide free medical care for veterans newly returned from a combat zone, even without a service-connected disability. That eligibility lasts for two years after a veteran leaves active duty, although anyone with medical problems related to military service can qualify for life-long VA health care.

"VA's on-going partnership with the Department of Defense (DoD) will greatly reduce problems experienced by previous generations of veterans," Principi said.

Specifically, he cited the de-

velopment by VA and DoD of standardized guidelines for physicians examining military personnel after deployment and the establishment by VA of War-Related Illness Centers in Washington and East Orange, N.J., to provide research and professional education about deployment-related health issues.

"VA applauds the efforts of the Department of Defense to prevent health problems among deployed troops," Principi said. "Today's high-tech equipment and preventative medicine programs demonstrate DoD's commitment to the health of the troops."

"Under President Bush's leadership, VA and DoD have developed robust processes to address potential health consequences of deployment and to provide high quality health care and disability assistance to active duty personnel and veterans. We are better prepared to do this than at any other time in history," Principi said.

Principi acknowledged that many efforts taken on behalf of recently deployed troops are an outgrowth of lessons learned from the health problems that many Gulf War veterans experienced after returning home.

"We look forward to working

collaboratively with DoD to address force health protection and veterans' issues now and in the future," Principi said.

Besides working with DoD on deployment issues, Principi noted that VA's health care system serves as a back-up to the military's hospitals during wars or other national emergencies.

For more than a year, the senior health care leaders of both departments have met regularly in the new VA-DoD Health Executive Council to coordinate efforts. Collaboration between VA and DoD range from sharing medical facilities in Albuquerque, Las Vegas, Honolulu, Anchorage, Key West and other locations to allowing some military members and their families to refill their prescription drugs at a VA mail-out pharmacy.

"In addition to the range of new programs specifically designed for the newest generation of combat veterans, VA is also prepared to provide the benefits that veterans have expected since World War II – GI Bill home loan guarantees, educational assistance, plus disability compensation and health care for service-disabled veterans," Principi said.



## Special VA Health Care Eligibility for Combat Veterans

The following information was received from Veterans Health Administration IB 10-162 Dec 2002

December 2002—Effective immediately, the Department of Veterans Affairs (VA) has implemented policies and procedures for providing free health care services and nursing home care to combat veterans for a period of 2 years beginning on the date of separation from active military service.

### What's Covered?

This benefit covers all illnesses and injuries except those clearly unrelated to military service; for example, a common cold, injuries from accidents that occurred after discharge, and disorders that existed before joining the military. Care may not be provided for any disability found to have resulted from a cause other than the military service in combat operations.

Combat veterans seeking treatment for health conditions claimed to be related to combat operations are evaluated clinically by means of a physical examination and appropriate diagnostic studies. In making this determination, the physician must consider that the following types of conditions are not ordinarily considered to be due to occupational or military service:

1. Congenital or developmental conditions, for example, scoliosis,
2. Conditions which are known to have existed before military service, and
3. Conditions have a specific and well-established cause and that began after military combat service.

Coverage extends for a two-year period following separation from active military service.

Dental Services are not included.

### Who's eligible?

Veterans are eligible if they served on active duty in a theater of combat operations during a period of war after the Gulf War or in combat against a hostile force during a period of "hostilities" after November 11, 1998 and have been discharged under other than dishonorable conditions. National Guard and Reserve members are also eligible for VA health care if they were ordered to active duty by a federal declaration, served the full period for which they were called or ordered to active duty, and have separated from active military service

under other than dishonorable conditions. Active duty, National Guard and Reserve members who were activated to a combat mission and then separated from active duty receive a DD Form 214, which should show an award of the Armed Forces Expeditionary Medal. Individuals seeking services under this authority should bring their DD Form 214 when reporting to a VA health care facility.

### What's meant by "Hostilities?"

"Hostilities" is defined as conflict in which Armed Forces members are subjected to the danger comparable to that faced in a period of war.

### What's changed?

Unlike other veterans who do not have VA-adjudicated service-connected conditions, veterans who qualify under this special eligibility authority are not subject to VA means testing or copayment requirements. There is no burden placed on these veterans to prove that their health problems are related to their military service or prove that they have low income to qualify for cost-free VA health care.

### What happens after the two years?

The co-payment status will depend on whether the veteran's illness or injury is found to be service-connected or whether the veteran is otherwise qualified for VA health care. Each veteran will be enrolled for VA health care in the appropriate priority group. Some veterans—those in the lowest priority group—whose income is above the means test threshold must agree to make required co-payments. If the veteran does not agree to make co-payments, the veteran will be ineligible for VA care.

### Where can a veteran get additional information?

Additional information is available at the nearest VA medical facility. The telephone number can be found in the local telephone directory under the "U.S. Government" listings. Veterans can also call toll-free: 1-800-827-1000 or 1-877-222-8387.

## NEWS UPDATE FOR MILITARY RETIRED PROGRAMS



### **New Tricare Policies for Family Members of National Guard and Reserves Announced**

The following information was found on the internet at: [www.tricare.osd.mil/newsreleases](http://www.tricare.osd.mil/newsreleases)

Dr. William Winkenwerder, Jr., assistant secretary of defense for health affairs, and Thomas F. Hall, assistant secretary of defense for reserve affairs, announced today policy changes that will enhance the Tricare Prime and Tricare Prime Remote (TPR) programs for members of the National Guard and Reserves and their family members.

Starting March 10, 2003, Guard and Reserve family members, if their sponsor is on active duty (federal) orders for more than 30 days, will be eligible to enroll in Tricare Prime and enjoy the access standards and cost shares associated with the Prime benefit.

"Previously, sponsors had to be eligible in the Defense Enrollment Eligibility Reporting System (DEERS) and activated for 179 days or more before family members were eligible to enroll in Tricare Prime," Winkenwerder said. "The Department of Defense (DoD) recognizes the contributions and sacrifices made by these families each and every day. Our commitment is to continue making improvements to the Tricare benefit to enhance access and quality of care these families receive."

Guard and Reserve family members who reside with their sponsors in a Tricare Prime Remote location at the time of the sponsor's activation can now enroll in the Tricare Prime Remote for Active Duty Family Members (TPRADFM) program.

For family members to be eligible to enroll in the TPRADFM program, sponsors and their family members must reside at a location that is at least 50 miles or more in distance, or approximately a one-hour drive from the nearest military treatment facility (MTF). Sponsors and family members also must be identified as eligible in DEERS.

"It's important that we take care of the families of our Reserve Component members," Hall said. "We want to ensure that our mobilized National Guard and Reserve members aren't worried about who's caring for their families while they're gone, and to return them to families whose health care needs have been met by the Military Health System."

Contract changes are underway at Tricare Management Activity to implement the new TPRADFM policy. Once the changes are accomplished, family members of the Guard and Reserve sponsors activated for more than 30 days may start using the TPRADFM benefit, which has no co-payments, deductibles or claim forms to file, and which offers providers who meet rigorous standards for providing quality health care.

Guard and Reserve family members who choose not to enroll in either the Tricare Prime or TPRADFM program may still use the Tricare Standard and Extra benefits, with applicable cost shares and deductibles.

Guard and Reserve sponsors need to verify that DEERS information for themselves and their family members is accurate and up-to-date. They are encouraged to contact DEERS at the Defense Manpower Data Center Support Office toll free at (800) 538-9552. Sponsors and family members may also update their addresses in DEERS on the Tricare Web site at <http://www.tricare.osd.mil/DEERSAddress/>.

Future updates regarding benefits for members of the Guard and Reserve and their family members will be posted on the Tricare Web site at <http://www.tricare.osd.mil/reserve>.

## DoD Approves Expanded Health Coverage for Reserve Family Members

By Kathleen T. Rhem—American Forces Press Service

WASHINGTON, March 13, 2003 -- Two major changes effective immediately will make it easier for reserve component family members to receive health care coverage from the Defense Department when their sponsor is activated, the department's top doc said.

The first change shortens the time reservists and Guardsmen must be activated -- from 179 to 30 days -- for their family members to be eligible for enrollment in TRICARE Prime, the military's most comprehensive health care option.

Dr. William Winkenwerder, assistant secretary of defense for health affairs, said department officials were "pleased and delighted" to make the changes.

"We realize that reserve members and their families have a need for health care when reservists are called up for active duty," he said. "We wanted to make the use of that benefit easier and more comprehensive."

Officials noted that family members are eligible for coverage as soon as their sponsor is

activated as long as that activation will exceed 30 days.

The second important change has to do with a program called TRICARE Prime Remote for Active Duty Family Members. Under the program, families of military members stationed in areas far from military medical care still receive the same level of treatment at comparable cost. Typically, recruiters and ROTC cadre and their families use this benefit if they're located at least 50 miles from a military clinic or hospital.

Previous wording in the rules covering this benefit stated family members must live with their sponsor in an area not covered by a military medical treatment facility.

This created a problem for reserve families whose sponsors were activated. If reservists are activated, chances are they've been sent away from their homes. Obviously, family members can't move with activated reservists in most cases, so this led to many being denied enrollment in Prime Remote.

"There was a clause in the law that said that the family must reside with the active duty ... member. There was some confusion and some difficulty in coming to a clearer definition of that," Winkenwerder explained. "Reading it one way meant it would have been very difficult for those family members to use the benefit, because they would have had to follow the service member."

The new wording clarifies that regardless of where reserve-component members are deployed, their families are eligible for coverage under this program if the military members' regular home is in a covered location.

"What we've made clear is that wherever that service member was living with his or her family, (the family members) are eligible right then and there," Winkenwerder said.

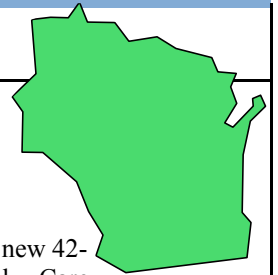
He said the two changes have been "very well received" in the reserve community. "And we're very glad we're able to do this," he added.

# America is #1

## Thanks to our Veterans



## NEWS UPDATE FOR STATE BENEFITS



### Governor Announces Grant Funding for Veterans Homes Projects

The following information was found on the internet at:

[www.wisgov.state.wi.us/pressreleases](http://www.wisgov.state.wi.us/pressreleases)

Governor Jim Doyle announced today that funds are being set aside by the U.S. Department of Veterans Affairs (VA) for three projects allowing the Wisconsin Department of Veterans Affairs (WDVA) to expand and renovate state Veterans Homes in King and Union Grove.

The WDVA submitted a proposal to renovate one-third of Cottage 17, an existing building, into an adult day health-care service at the State Veterans Home in Union Grove. This is part of a larger Southern Wisconsin Center project that includes a new 120-bed Skilled Nursing Facility to be built by 2005.

Two other proposed projects are to renovate the food service facility and upgrade

the boiler control system at the State Veterans Home in King. While there are still requirements the WDVA needs to complete for grant approval, the federal VA would provide up to 65 percent of the cost for these projects. They were selected by VA from its approved priority list of grant applications for 2003.

"It's a new day for Wisconsin's veterans," Governor Doyle said. "We can take pride in our state having the finest veterans program in the nation. And I am committed to making sure that our veterans program remains the best in America."

The veterans home at Union Grove began operation in August, 2001. WDVA previously renovated two existing buildings into 86 Community Based Residential Fa-

cility beds and a new 42-bed Residential Care Apartment Complex is currently under construction. Both projects were supported by federal funds.

The Wisconsin Department of Veterans Affairs, headed by Secretary Raymond G. Boland, has seen an increase in the number of veterans enrolled in the VA Health Care System and the critical need for quality long-term care for veterans. Such enrollment increases are due in part to the department's outreach efforts to veterans through the "I Owe You" campaign which increases veterans' awareness of benefits they've earned, including applying for enrollment in the VA Health Care System.

### New FastTrac Entrepreneurial Training Program to Help Veterans and Non-Veterans Initiate and Manage Small Businesses

The following information was found on the internet at: [www.wisgov.state.wi.us/pressreleases](http://www.wisgov.state.wi.us/pressreleases)

(MADISON) -- The Wisconsin Department of Veterans Affairs (WDVA) has partnered with the Small Business Development Center (SBDC) at UW-Whitewater to bring the Veteran Entrepreneurial Training (VET) Program™ to Wisconsin veterans. The VET program features FastTrac, a seventeen-week curriculum that incorporates two distinct program tracks to equip individuals to initiate or better manage a small business. During 2003 four courses will be offered.

FastTrac is a national curriculum developed in 1985 and sponsored by the Ewing Marion Kauffman Foundation; it is currently offered in 38 states and has over 60,000 graduates. Since 1997, more than 400 entrepreneurs have graduated from the UW-Whitewater SBDC FastTrac Program. This addition to the Wisconsin FastTrac offering, with its veteran focus, is currently available in only a select few states. While it addresses entrepreneurial issues from a veteran's perspective, FastTrac will be open to veterans and non-veterans alike. Students will interact with experienced and successful entrepreneurs through focused instruction from a superior business curriculum.

The total cost for each student or business, whether veteran or non-veteran, is \$1,500; the cost to be paid by each student or business is \$375. The Veterans Corporation, a non-profit agency, will provide 75% of the cost for up to 25 veterans in each of the four courses. A similar grant is available for non-veterans through the Wisconsin Department of Commerce Entrepreneur Training Grant, which will also cover 75% of the cost.

Each course will be preceded by an information session that will also allow students to enroll and apply for the scholarships. It is very important, but not mandatory, that interested parties attend the information sessions. Locations and dates are as follows.

- 1) UW-Whitewater, Carlson Hall, 800 West Main Street, Whitewater; Information Session: May 14th, 6:30-7:30 p.m.; classes begin June 17th.
- 2) Technology Consulting Corporation, N16 W23233 Stone Ridge Drive, Waukesha; Information Session: May 15th, 6:30-7:30 p.m.; classes begin June 18th.
- 3) UW—Center, Washington County, 400 S. University Drive, West Bend; Information Session: June 11th, 6:30-7:30 p.m.; classes begin July 15th.
- 4) Rock County Job Center, 1900 Center Avenue, Janesville; Information Session: June 12th, 6:30-7:30 p.m.; classes begin July 16th.

A veteran taking FastTrac for credit at UW-Whitewater may be eligible for reimbursement of a portion of his or her fees through a WDVA education grant. Graduating veterans will receive a free Gateway computer or technical consulting services from Gateway Corporation.

For more information, veterans should contact Joe Bertalan of the WDVA at (608) 267-7329, or the Vets Corporation at [www.veteranscorp.org](http://www.veteranscorp.org) and click on the training section. Non-veterans should contact Vic Grassman of the SBDC at (262) 521-5569.



## Employer Support of the Guard and Reserve (ESGR)

The following information was received from Lieutenant Colonel Terry J. McArdle, Assistant Staff Judge Advocate, Wisconsin Army National Guard

### Uniformed Services Employment and Reemployment Rights Act (USERRA) Title 38 U.S.C. Chapter 43.

1. Prohibits discrimination against those who choose to serve in the "uniformed services."
2. Entitles uniformed service members to a leave of absence from their civilian employment for the period necessary to perform military service, whether that service is voluntary or involuntary, for up to 5 years of cumulative voluntary service. (They are not required to use their personal vacation during the period of service.)
3. Provides for continuation of seniority-based benefits during a period of service, such as pension credit that is granted upon reemployment. It also provides for continuation of non-seniority benefits in some cases. The law has a separate provision for continuation of coverage under a health plan during a period of military service.
4. Entitles uniformed service members returning from military service to prompt reinstatement of employment, with seniority, status, and rate of pay as if continuously employed.
5. Enables uniformed service members to seek relief, through the Veterans' Employment and Training Service, U.S. Department of Labor, if a conflict cannot be satisfactorily resolved.

### Uniformed Service Member's Responsibilities.

1. Advance Notification. You must give your employer advance written or verbal notification of duty.

2. Character of Service. You must serve satisfactorily or have been released from service under conditions other than dishonorable.
3. Cumulative Service Limit. You must not have exceeded the 5-year cumulative limit on periods of service.
4. Reporting Back to Work. You must report back within the time guidelines of USERRA.

The ESGR Ombudsman Program is an informal mediation service available to employers or uniformed service members who are experiencing conflict because of military duties. For access to this or other ESGR programs, please contact your local ESGR volunteer or the National Committee for Employer Support of the Guard and Reserve (ESGR). You can locate both the National Office and/or your Local Ombudsman at the ESGR website: [www.esgr.com](http://www.esgr.com)

Award Your Employer!! You can nominate your employer for an ESGR "Patriot" Award. It's a way of thanking your employer for supporting you while you serve our Nation! Fill out a nomination form on our website.

### Contact Information

ESGR  
Ombudsman Service  
1555 Wilson Blvd. Suite 200  
Arlington VA 22209-2405  
DSN: 426-1386 CML: 703-696-1386  
Fax: 703-696-6517  
E-mail: [NCESGR-OMBUD@osd.mil](mailto:NCESGR-OMBUD@osd.mil)

## New Exhibit Honors the Ho Chunk Warrior

The following information was found on the internet at: [www.wisgov.state.wi.us/pressreleases](http://www.wisgov.state.wi.us/pressreleases)

(MADISON)—An exhibit celebrating the role of Ho Chunk warriors in U.S. military service will be on display at the Wisconsin Veterans Museum from May 2 through July 31, 2003. "Honoring the Ho Chunk Warrior" is a collection of photographs taken by Tom Jones, a Wisconsin photographer with Ho Chunk roots.

Jones focuses on the modern-day warrior serving both the Ho Chunk Nation and the United States through military involvement. These warriors are respected as leaders and guardians of the people. The display documents an

annual Ho Chunk Memorial Day celebration honoring warriors. During the celebration, U.S. flags are raised over the Andrew Blackhawk Powwow Ground near Black River Falls, Wisconsin. Each flag represents a warrior, and the poles are marked with photographs, medals and offerings of tobacco for the deceased veterans.

The Veterans Museum is a free public educational activity of the Wisconsin Department of Veterans Affairs and is located at 30 W. Mifflin St., across the street from the State

Capitol. The museum is open Monday through Saturday from 9 a.m. to 4:30 p.m. (year round) and Sundays (April through September) from noon to 4 p.m. The museum's research center is open Monday through Friday from 9 a.m. to 3:30 p.m. and by appointment. For more information about the Ho Chunk Warrior Exhibit, contact Laura Kocum, at 608-264-7663, or go to <http://museum.dva.state.wi.us>.



## **Record Veterans Affairs (VA) Budget Increase Proposed— Wisconsin Veterans Encouraged to Apply for Enrollment in VA Health Care System**

The following information was found on the internet <http://dva.state.wi.us/FormsCVSO.News Releases>

(MADISON) -- The federal Department of Veterans Affairs (VA) recently announced a proposed record increase in its medical care budget, some key changes in health care enrollment, and a new plan between VA and the Department of Health and Human Services for a program that will allow veterans to use their Medicare benefits for VA care.

The President's proposed VA budget for Fiscal Year 2004 (October 1, 2003 - September 30, 2004) would include a total of \$63.6 billion for VA, of which \$30.2 billion would be for medical care, a 7.7 percent increase. "VA is maintaining its focus on the health care needs of its core group of veterans -- those with service-connected disabilities, the indigent and those with special health care needs," Veterans Affairs Secretary Anthony Principi said.

In order to ensure VA has the capacity to care for veterans for whom our nation has the greatest obligation -- military related disabilities, lower income veterans or those needing specialized care such as for blindness or spinal cord injuries -- Principi has temporarily suspended additional enrollments for veterans with the lowest statutory priority. This category includes veterans who are not being compensated for a military-related disability and who have higher incomes. This suspension is for the remainder of the current fiscal year, until October 1, 2003. This, however, does not mean that the VA is no longer enrolling veterans. They will continue to accept and review applications. If veterans fall into Priority Group 8, the VA will notify them that they will not be enrolled.

The suspension of enrollment affects only veterans in Priority Group 8, the lowest group in VA's eight-level priority system, who had not enrolled in VA's health care system by January 17, 2003. Priority Group 8 veterans already enrolled will be "grandfathered" and allowed to continue to use VA's health care system.

However, agreement has been reached between Secretary Principi and Department of Health and Hu-

man Services Secretary Tommy Thompson to give Priority Group 8 veterans aged 65 or older who cannot enroll in VA's health care system access to the "VA+Choice Medicare" plan. This new plan calls for the VA to participate as a Medicare+Choice provider. Under the program, eligible veterans would be able to use their Medicare benefits to obtain care from the VA. This program is expected to begin by the end of this calendar year.

Raymond Boland, Secretary of the Wisconsin Department of Veterans Affairs, sees all three components of the VA news release as good news for Wisconsin veterans. Even though there is temporary setback for enrollment for Priority Group 8 veterans he re-emphasizes the importance of applying for enrollment in the VA Health Care system. "Our increased outreach efforts to our veterans are making a difference, and my goal is to get more veterans connected to the VA Health Care system," Boland said.

"There is a very fine difference between Priority Group 7 and 8," Boland added, "therefore veterans who may think they fall into Priority Group 8 should still apply, because only the VA can make the determination."

Wisconsin veterans are encouraged to apply for enrollment in the VA Health Care system by contacting their County Veterans Services Officers (CVSOs) and completing an application.

All veterans desiring to receive VA health care should continue to apply, so that the federal VA can ascertain which Priority Group categories they would be assigned to.

"If Wisconsin's veterans don't apply, a priority determination cannot be made and they cannot be enrolled to receive health care," said Boland.

For more information on this release contact the VA directly at 1-800-749-8387, call your County Veterans Service Office, or the Wisconsin Department of Veterans Affairs at 1-800-WIS-VETS.

## Tuition and Fee Reimbursement Grant and Part Time Study Grant On-Line Applications

The following information was received from WDVA—Madison

(MADISON) -- Secretary Raymond G. Boland announced today that the Wisconsin Department of Veterans Affairs (WDVA) will offer on-line applications for the Tuition and Fee Reimbursement Grant (TFRG) and Part Time Study Grant (PTSG) beginning May 15, 2003.

"The on-line application will expedite the processing time for grant awards," said Boland. "Education for veterans is important. Applying for financial assistance should be as effective and efficient as possible."

Veterans will have several choices when submitting an on-line education grant application.

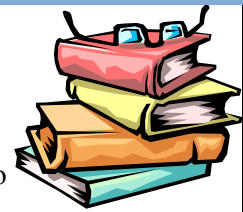
They may go to the County Veterans Service Office, to the School Veterans Officer/Coordinator, or they may complete an application on-line by themselves.

To start the process for an on-line education grant application, veterans will access <http://services.dva.state.wi.us/veteran/> to complete the registration information. They will then receive an email from WDVA providing them a password to access the on-line application, which will automatically be emailed to the School Veterans Official/Coordinator for input. Once completed, the School Veterans Official/Coordinator will submit the

application to WDVA.

When the application is received at WDVA, it is checked to verify eligibility and then processed by the Grants Section. If additional information is required, the veteran or the school, as appropriate, will be sent an email requesting the information, with a copy sent to the CVSO. When all the required information is completed, the application is processed for payment.

"This is another major step forward in the Department's commitment to serve our Wisconsin veterans, through benefits service delivery," Boland said.



## Military Funeral Honors Program Moves Office and Operations to the Northern Wisconsin Veterans Memorial Cemetery

The following information was found on the internet <http://dva.state.wi.us/FormsCVSO.News Releases>

The Wisconsin Department of Veterans Affairs (WDVA) announced that effective April 1, 2003, the Military Funeral Honors team located at Spooner will relocate from its temporary location on 112 Ash Street to the Northern Wisconsin Veterans Memorial Cemetery.

The Military Funeral Honors team was temporarily located in the city of Spooner until the northern cemetery was established and

space could be made available at the cemetery. The relocation of the team to the cemetery results in more

program efficiencies and provides better service to veterans and families. The Northern Wisconsin Veterans Memorial Cemetery is located at N4063 Wildcat Road just south of Spooner on Highway 53.

The Military Funeral Honors Program, and the team, has become a very important part of the Veterans Cemetery operations and one of the many benefits offered to veterans and their families. The WDVA will continue to provide this benefit for veterans.

For more information regarding the Military Funeral Honors Program, contact Ken Grant, Director of the Bureau of Veterans Cemeteries and Funeral Honors Program in Madison at (608) 261-0179, or visit the WDVA Web site at <http://dva.state.wi.us>.



## Memorial Ceremony & Band Concert— Observance of the 50th Anniversary of the Korean War Armistice & Ceasefire

Korean War Veterans Memorial Assoc. of Wisconsin, Inc.



Pay honor to those Wisconsinites who served and those who died in the “Forgotten War” - the war to preserve **FREEDOM** for the South Korean people.

**When :** SUNDAY, June 1, 2003  
BAND CONCERT: 10:30 a.m.  
CEREMONY: 11:00 a.m.—12:30 p.m.

**Where:** WI Korean War Veterans Memorial  
Plover, WI - Adjacent to I-39/US 51  
(see \*\* for Directions)

**Tip:** Bleacher seating is limited so you are advised to bring along a folding chair, a sun hat, a bottle of water and perhaps an umbrella. Portable toilets will be available and EMS personnel will be on standby.

**Food and Beverages:** Will be sold in the park.

**ALL ORGANIZATION COLOR GUARDS  
ARE WELCOME!!**  
(Be there by 10 a.m.)

### PROGRAM

A half hour concert (10:30 a.m.) will be performed by the VFW Marching Band of Oshkosh, Carlton Sawall, Conducting.

The 50th Anniversary Commemorative Program will begin at 11:00 a.m. and will last approximately an hour.

The formal program will include the following events:

### Opening Ceremonies to include:

- ◆ Forwarding and posting of the Colors by the Official Memorial Honor Guard on the island memorial site.
- ◆ Playing of the national anthems of the Republic of Korea and the United States of America.
- ◆ Invocation.
- ◆ Official Welcome.

### Speakers:

- ◆ Harley Coon of Beaver Creek, OH: Principal speaker, EX-POW and National President of Korean War Veterans Association of the United States.
- ◆ Governor James Doyle: Heads a list of other invited distinguished guests.

### Honors to Wisconsin's Korean War Dead These solemn honors will include:

- ◆ Prayers
- ◆ The laying of wreaths
- ◆ Playing of the “Navy Hymn”
- ◆ Firing of volleys
- ◆ Playing of “Taps”
- ◆ Retirement of the colors
- ◆ Chaplain's Benediction.

\*\* (Directions—Take I-39/US 51 to Exit 153, then proceed West on Cty. Hwy. B, take first left leading into large parking lot. Park vehicle and proceed on foot on pathway into wooded Worzella Pines Park to seating area.)

### Any Month—2003

Sun	Mon	Tue	Wed	Thu	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

## VETERANS' CALENDAR OF EVENTS!

### FREE Advertisement— for Your Post or Organization

Visit the Waukesha County Veterans Services' Website at:

[www.waukeshacounty.gov](http://www.waukeshacounty.gov)

Click on the Veterans' Services Web page and you will find the Veterans' “Calendar of Events”.

If you have an event or function that you would like to have put into the calendar or newsletter, contact our office by phone or e-mail at:

### Waukesha County Veterans Service Office

500 Riverview Avenue

Waukesha WI 53188

Phone: 262-548-7732

Fax #: 262-896-8588

E-mail address:

[jmargowski@waukeshacounty.gov](mailto:jmargowski@waukeshacounty.gov)



## NEWS UPDATE FOR THE LOCAL AREA



### The Return of the Service Flag

Story by SPC Rachael Tolliver, of the 10th Mountain Division Public Affairs Office at Fort Drum, N.Y.

Following U.S. troop deployments to Afghanistan as part of Operation Enduring Freedom, people across America again tied yellow ribbons around trees and prominently displayed U.S. flags.



But a little-known tradition that honors military personnel in times of war and conflict has yet to make any noticeable appearance—display of the service flag.

Sometimes called the “Son in Service” flag, it was first displayed during World War I and became a popular symbol of support in the homes of military service members and their families throughout the nation during World War II.

CPT Robert Queissner of the 5th Ohio Infantry is credited with starting the service flags tradition. He made a small flag to display in his home to honor his two sons who fought on the front lines in Europe in World War I.

The flag was white with a red border and included two blue stars in the middle, one representing each son.

The flag idea caught on and, thereafter, became the unofficial symbol of a child in service.

Keith Gillan of Watertown, N.Y., a ser-

### World War II is really the last time the service flag was displayed throughout the United States.

geant in the Army Air Forces during World War II, said: “It meant a lot to the soldiers to know the flags were displayed in their homes. And neighbors appreciated knowing who had a family member serving the country, so they could lend support to the family.”

The service flag is authorized by the Department of Defense to be displayed by Americans to honor their family members who are serving in the U.S. armed forces during any period of conflict or war, whether the soldier is deployed or remains on U.S. soil.

Since World War II, however, the service flag has rarely been seen and few people in America know what the flag is, or what it represents. After the war, the service flag fell by the wayside, probably due to a lack of support

ment. “So World War II is really the last time the service flag was displayed throughout the United States.”

After the Sept. 11 attacks on America and the start of troop deployments to Afghanistan, Vairo and her brother, David Smith, decided to manufacture service flags, “We thought this would be a great way to support the military,” she said.

[ServiceFlags.com](http://ServiceFlags.com) was, the first company to manufacture the Service flags, Vairo said, and in December 2001 only three companies in the United States manufactured the symbol of service.

During World War II the Department of War issued specifications for manufacturing the flag and button, as well as guidelines indicating when the flag could be displayed and who could display it.

### Patriotism Buttons

**The Defense Department also authorizes the manufacture and wear of a gold star lapel button and a service lapel button. The GSLB is a gold star on purple disk surrounded by a wreath of gold laurel leaves. It may be worn by the family members of a soldier killed in combat. Those authorized to display the service flag are also authorized to wear the SLB. However, while the flag may show as many stars as family members serving, the button may show only one star. A gold star is not authorized as part of the SLB as it is on the service flag.—SPC Rachael Tolliver**

from Americans for the wars that followed, said Kathy Vairo, co-owner of Battle Born Industries and [ServiceFlags.com](http://ServiceFlags.com).

While some families chose to display the service flag during the Vietnam War, Vairo said, most didn’t, and few even knew of its existence. The very popular Operation Desert Storm, on the other hand, was a brief engage-

Then, in the 1960’s, DOD revised previous regulations and specifications. According to information on the Web site [www.gideonflags.com](http://www.gideonflags.com) these guidelines are outlined in DOD Directive 348.20 and 1348.33-M. “Manual of Military Decorations and Awards.”

*(Continued on page 18 - Service Flag)*

**(Service Flag—Continued from page 17)**

The specifics can be found on pages 88 through 93 in the 1996 version.

The service flag may also be displayed by organizations to honor members of the organization who are serving in the armed forces.

The flag is designed to be displayed indoors, facing out of the home's or organization's front window, Vairo said. When the U.S. flag is also displayed, it should take the place of honor above the service flag and should be as large or larger.

A gold star should be placed over the service flag's blue star if a family member is killed during a war or conflict. The gold star takes a position of honor closest to the staff and is slightly smaller than the blue star, giving the gold star a blue border, Vairo

said. In 1918 the name "Gold Star Mother" was given to women who had lost children in the armed services.



**Gold Star Pin**

Family members authorized to display the service flag include spouses, parents, step-parents, adoptive and foster parents, children, stepchildren, adopted children, siblings, and half brothers and half sisters of a service member of the U.S. armed services.

Grandparents are not currently authorized to display the flag, Vairo said.

Local retailers and military post exchanges don't sell the service flag. But Sharon Campbell, manger of Military Clothing and Sales at Fort Drum, N.Y., said the service flag may be ordered online at [www.annin.com](http://www.annin.com). Representatives at Annin said they're

manufacturing the flag with DOD authorization.

AAFES military insignia buyer Ray Howard said AAFES is researching the service flag and waiting for approval to sell it. AAFES officials will then decide whether or not to include it in their inventory, he said.

"I believe the incidents that have happened in the last six months have brought this item back into the lime-light," Howard said.

For Americans, World War II started with the attack on Pearl Harbor, he said. Nearly 60 years later, the United States came under attack again, and once again families gave up their children to a war effort. Americans now have the opportunity to revive tradition and display the service flag, showing their family's contribution to the war on terrorism Howard Said.

### The following are a few of the places that are carrying the service flags:

Eder Flag  
1000 W. Rawson Avenue  
Milwaukee, WI  
414-764-3522

Heritage Flag Pole & Banner  
N88 W16559 Main Street  
Menomonee Falls, WI  
262-251-9988

Horizon Flag  
9209 W. Bluemound Road  
West Allis, WI  
414-453-9848

## Iola Vintage Military & Gun Show—August 16-17, 2003 (Historical Vehicles & Memorabilia with Old Working Wheels)

The following information was received from Iola American Legion

**When:** AUGUST 16—17, 2003

**Where:** Iola Old Car Show Grounds. Iola WI

**Admission:** Spectator Admission—\$4.00—Adults  
Children ages 6—12 \$2.00  
Children under 6—FREE

**Parking:** Available by entering the grounds through Gate #6, located on the North side of the showgrounds off Highway 161.

### **Great Food and Beverages:**

**Food service available from:**

11:00 a.m. to 6:00 p.m.—Friday  
6:00 a.m. to 6:00 p.m.—Saturday  
6:00 a.m. to 5:00 p.m.—Sunday

Brats, hot dogs, hamburgers, cheeseburgers, barbecues, chicken fillet, chips, ice cream, and beverages.

### **Many Activities on the Grounds:**

- ◆ Wisconsin Korean War Veterans Memorial
- ◆ Battle Reenactments
- ◆ Radio Control Model Aircraft
- ◆ Helicopter Rides
- ◆ Parade of Military Vehicles
- ◆ Genuine G.I. Breakfast of S.O.S.
- ◆ Speakers



### **Motel Accommodations:**

Baymont Inn 715-258-9212  
Village Inn 715-258-8526  
Iola Norseman House 715-445-3300

**Showers:** Available on grounds. Inquire at the tower.

**Sponsored by:** Iola American Legion, Iola-Scandinavia VFW, Waupaca VFW, Iola American Legion Auxiliary, Waupaca VFW Auxiliary



The flag is symbolic of the unified effort of the United States, The Republic of Korea and our allies to stop Communist aggression on the Korean Peninsula 50 years ago. The light blue and white streamer that runs through the center of the flag is the U.N. Battle Streamer. The 22 stars represent the 22 allied nations that fought side-by-side to save South Korea. The words "FREEDOM IS NOT FREE" were added by the veterans who, more than anyone else, know the great price of liberty. The flag is in both the English and Korean (Hangul) languages. In the center is the "Taeguk" symbol from the South Korean flag, familiar to many as the symbol for the philosophy of Yin and Yang. In Korean, known as Eum and Yang, the symbol stands for peace and harmony. South Korea has adopted this as its official Commemorative Flag.



# Korean War Event

## 50<sup>th</sup> Anniversary

## Celebration

### Sunday—July 20, 2003

### 11:00 A.M.

Waukesha County Fair Grounds  
1000 Northview Road  
Waukesha, WI



### ADMISSION

County Fair Admission is required to attend this event.

Discount Tickets will be available ONLY for Korean War Veterans.

These Tickets will be Available by Contacting:

Waukesha County Dept. of Veterans' Service  
500 Riverview Ave Room G138  
Waukesha, WI 53188  
262-548-7732